

<b>MULTIPLE DEFENDENT CLAIM FEE CALCULATION SHEET</b> <i>(FOR USE WITH FORM PTO-875)</i>							SERIAL NO. <b>107019148</b>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	I						51						
2		I					52						
3		I					53						
4		I					54						
5		I					55						
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7		I					57						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.		17					TOTAL DEP.						
TOTAL CLAIMS	20						TOTAL CLAIMS						